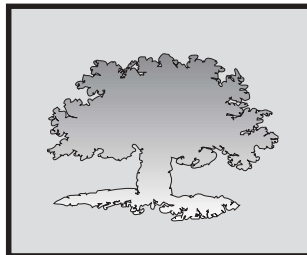


Guidelines for
**Identifying Children with
Intellectual Disability/
Mental Retardation**



State of Connecticut Department of Education — 2000

State of Connecticut

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Foreword

The Connecticut State Department of Education is pleased to provide you with the Guidelines for Identifying Children with Intellectual Disability/Mental Retardation. These guidelines are developed to provide guidance that is consistent with current federal and state guidelines, address questions regarding definitions as well as the identification process and reflect the current research in the area of intellectual disability/mental retardation.

These guidelines have been developed to:

- promote comprehensive assessments of children suspected of having an intellectual disability;
- foster and enhance the awareness of intellectual disability as a heterogeneous condition;
- incorporate recent developments in the professional literature and field,
- promote consistency across the state in the process of determining eligibility; and,
- promote "intellectual disability" as the nationally accepted nomenclature for thinking about and providing service to students with mental retardation.

Many individuals assisted in the development and review of these guidelines, including teachers, parents, faculty from Connecticut universities and colleges, public and private school administrators, psychologists, as well as representatives from the Special Education Resource Center (SERC), the State Department of Education and other state agencies. We invite you to use these guidelines and provide on-going written comments and suggestions for future improvements.

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Executive Summary

Over the past decade, several efforts have been made to describe mental retardation in terms of needed levels of support rather than to define it in terms of deficits. There have also been efforts to shift from the term mental retardation to intellectual disability, which more accurately connotes the cognitive underpinning of the disability. While the legal terminology for the disability category currently remains mental retardation, documents produced by the Connecticut State Department of Education (CSDE) Bureau of Special Education and Pupil Services will, henceforth, adopt the term “intellectual disability (ID)” and its variants (e.g. intellectual disabilities).

The *Guidelines for Identifying Children with Intellectual Disability/Mental Retardation* are consistent with current federal and state laws, address inherent flaws in the definition and identification process, and reflect current research in the area of intellectual disability/mental retardation. They are also consistent with the goals of the *Connecticut Agenda*.

Rationale

Intellectual disability can be viewed as a disorder in three distinct areas: thinking (conceptual), learning (practical), and social competence. Children with ID show more limitations in the spontaneous use of thinking skills that will enable them to learn effectively. Difficulty is encountered when the student has to make decisions about how to approach the problem. In order for learning to occur, the student has to make decisions about the nature of the information and the steps needed to process the information.

Intellectual disability has traditionally been seen as a deficiency in the area of learning. However, research shows that students with mild to moderate ID can, and do, learn academic and adaptive skills, if appropriate learning strategies and explicit instructions are provided. The research presented in the guidelines provides stronger support for intellectual disability as a thinking disorder, rather than a learning disorder, since thinking appears to be a prerequisite for learning as well as part of the learning process.

The poorly developed social skills of students with ID are a major factor in drawing the attention of school and community personnel to their disability. One of the factors that limits self-determination and quality of life of individuals with intellectual disability is limited

social and cognitive problem-solving skills. However, social problem-solving strategies can be learned and used when instructions are explicit.

Thus, the CSDE (1999) adopts the following definition of intellectual disability:

“Intellectual disability means significant deficits in conceptual, practical and social intelligence that adversely affect a student’s educational performance and are manifested during the developmental period (birth to age 18).”

Goals

The overall goals of the new guidelines for determining eligibility for special education and related services under the new intellectual disability (ID) term are:

- to promote comprehensive assessments of children suspected of having an intellectual disability, that by definition includes information from the family in the process of determining eligibility;
- to foster and enhance the awareness of intellectual disability as a heterogeneous condition;
- to incorporate recent developments in the professional literature and field, as well as legal requirements; and
- to promote consistency across the state in the process of determining eligibility.

Assessment

The assessment of conceptual intelligence is usually conducted by a certified or licensed psychologist using the full-scale standard score of a standard IQ assessment tool (e.g. WISC-III, Standard-Binet). However, in some cases, the composite score does not truly reflect a student’s capabilities. Clinical judgment should always be used when interpreting an intellectual assessment score. An analysis of the scatter of abilities to determine the student’s strengths and weaknesses should be undertaken to facilitate the educational planning of appropriate instruction. Factors such as culture, linguistic patterns, family and educational background need to be considered in the interpretation of results.

An assessment of practical intelligence needs to be made through both direct (informal and structured observations) as well as indirect assessment procedures (third-party interviews and rating scales). Personal and family history, as well as school experiences, must be considered in order to identify delays in practical intelligence which would be consistent with an intellectual disability.

Social intelligence is defined as the individual's ability to understand other people and social events, and the process of relating these to intelligent behavior in the everyday environment. In order to determine that a student is eligible for special education and related services, the PPT must determine that the student is intellectually disabled in the area of social cognitive skills as evidenced through the student's performance in social situations. A speech and language assessment is also key to an effective assessment of social intelligence.

Introduction

Historically, mental retardation has either been described in controversial terms or presented as a clear-cut disability category. At various times, subcategories of mental retardation have been identified based on degree of severity, with concomitant labels such as “educable” versus “trainable”, “moderate”, “severe” and “profound”. Recent systemic changes in education emphasize that “special education is a set of services brought to natural environments rather than a set of places where services are provided” (*Iowa Technical Assistance Guide for Mental Disability*, 1997). In such a system, all subcategories have disappeared.

Over the past decade, various groups (American Association on Mental Retardation, American Psychological Association) have made several efforts to shift the model for describing mental retardation from a model based on deficits in the individual to one based on levels of support needed by the individual with the disability. There have also been efforts to shift from the label mental retardation to intellectual disability, a term that more accurately connotes the cognitive underpinning of the disability. Connecticut intends to adopt the term “intellectual disability (ID)” to replace that of mental retardation.

Currently, Connecticut has no detailed regulations on identifying children with an intellectual disability (mental retardation) or for determining eligibility for special education and related services on that basis. The General Statutes of Connecticut Section 10-76a(7) currently state “a ‘child with mental retardation’ is one who has mental retardation, as defined in the Individuals with Disabilities Act, 20 USC 1400, et seq., as amended from time to time.”

Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance (IDEA 97).

Connecticut Regulations Sec. 10-76a-2(2) (1986) state that:

“Mentally retarded,” means one who, by reason of retarded mental development, is not capable of profiting from the educational programs of the public schools established for the normal child; an “educable” mentally

retarded child means one who, at maturity, cannot be expected to attain a level of intellectual functioning greater than that commonly expected from a child of twelve years of age but who can be expected to attain a level of intellectual functioning greater than that of a seven-year-old child; a “trainable” mentally retarded child means one who, at maturity cannot be expected to attain an intellectual functioning greater than that commonly expected of a seven-year-old child, but greater than that of a four-year-old child; a “severely or profoundly” mentally retarded child means one who, at maturity, cannot be expected to attain an intellectual functioning greater than that commonly expected for a four-year-old child.

Further commentary stated that:

“Mental retardation” generally refers to significant sub-average intellectual functioning existing concurrently with significant deficiency in adaptive behavior which adversely affect a child’s educational performance. Adaptive behavior refers to a child’s capability to meet standards of personal independence and social responsibility expected of the particular age and cultural group. It is suggested that districts consider “significant sub-average” to mean functioning at a level two or more standard deviations below the mean on both an individual measure of intellectual ability and on an assessment of adaptive behavior administered by a certified school psychologist or licensed psychologist. It should be stressed that a test score alone may not determine the existence of a handicap.

The reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1997 did not address the exceptionality of mental retardation in any way that would require significant change in practices. While the legal terminology for the disability category currently remains “mental retardation” under state and federal laws and regulations, documents produced by the Bureau of Special Education and Pupil Services of the Connecticut State Department of Education will adopt the term “intellectual disability (ID)” and its variants. This action will require legislative change in the Connecticut Regulations.

This proposed change might draw concerns or criticisms regarding confusion with learning disability as a disability category. However, a distinction can be made on the basis that

learning problems will, by definition, be more pervasive across all areas for students with an intellectual disability, while a learning disability will be much more process-specific (e.g. visual-motor deficit, auditory processing deficit).

The definition and commentaries in the Connecticut regulations give no prescriptions in terms of skills assessment for students with mental retardation beyond what is expected of normally developing children at particular ages. Even this is vague, as there is no consensus as to what a four-year-old child, for example, should be able to do.

The new guidelines will seek to clarify what these expectations should be with particular focus on recent developments in the literature. Thus, the term intellectual disability will replace the current label of mental retardation. Moreover, instead of focusing solely on the quantifiable aspects of IQ and adaptive behavior, the guidelines will adopt a more comprehensive approach to defining intellectual disability, and identifying students who are eligible for special education and related services under this disability category.

With this approach, equal emphasis will be placed on the components of a tripartite model of intelligence: conceptual, practical and social. While the issue of adequate standardization for practical and social intelligence measures will continue to be a factor, efforts will be made to identify suitable sets of interim experimental assessment tools and methods to determine eligibility for special education and related services based on the intellectually disabled label.

Efforts to foster a paradigm shift from mental retardation to intellectual disability have created much discourse within the field. The difficulty appears to lie in the need to maintain the dual components of IQ and adaptive behavior in the definition. While intelligence as a construct has been fairly well understood and accepted, understanding of adaptive behavior as a construct continues to vary across the research literature. As a result, there are no agreed-upon measures with acceptable validity to assess the construct of adaptive behavior. Also, there is no consistency in the use of currently available measures of adaptive behavior. While there has been a suggestion in the literature (Greenspan, 1998) to place more emphasis on clinical judgement, this will need to be exercised with great care.

Rationale for Guidelines

Connecticut has always prided itself on being a leader in the field of special education. As early as 1967, Connecticut enacted legislation that ensured appropriate services to children and adults with disabilities. The most recent *Connecticut Agenda (1998)* further demonstrates this leadership role. The Connecticut State Department of Education (SDE) and its Bureau of Special Education and Pupil Services (BSEPS) have adopted a proactive position in providing leadership and guidance to school districts.

Guidelines for determining eligibility for special education and related services under the new category of intellectual disability (ID) are proposed for the following purposes:

- to promote comprehensive assessments of children suspected of having an intellectual disability, that by definition includes information from the family in the process of determining eligibility;
- to foster and enhance the awareness of intellectual disability as a heterogeneous condition;
- to incorporate recent developments in the literature and field; and
- to promote consistency across the state in the process of determining eligibility.

Theoretical Framework for Intellectual Disability

The principal areas of discussion in the literature concerning Intellectual Disability (ID) have been about theories of etiology, manifestation and intervention strategies. Spitz (1988) posits a theory for addressing the phenomenon of ID that describes ID as a learning disorder (empiricist view) and as a thinking disorder (rationalist view). These two orientations have different underlying assumptions about ID. Intellectual Disability (ID) traditionally has been seen as a deficiency in the area of learning. This argument is supported by the fact that most children with ID are diagnosed after they start school and have difficulty keeping up with the academic demands of the school culture.

However, research shows that students with mild to moderate ID can, and do, learn and acquire academic and adaptive skills. If appropriate learning strategies and explicit instructions are provided, material can be learned and generalized, to some degree. The difficulty is that persons with ID do not spontaneously generate the strategies and “effectively and permanently transfer a learned strategy” (Spitz, 1988). It is also important that generalization is appropriate. Individuals with ID need to be able to use a learned strategy to solve a new problem in an appropriate situation (for example, knowing that if a wild animal, such as a tiger, is encountered not to treat it as a domesticated house cat). While it is established that students with ID can learn, it is the quality and process of the learning that triggers the debates about learning. Learning is not an isolated process; learning involves thinking and problem solving.

Intellectual Disability as a Thinking Disorder

Thinking is defined as “a search for meaning, involving the mental processes that make sense out of experience.” (Knapp, 1993) Another conceptualization of thinking is “the process that allows us to judge and reason about our inner and outer environment, providing us with some understanding of ourselves and the world around us” (Spitz, 1988). Spitz (p. 24) also states that some of the “thinking processes spring from neural processes, which are outside the realm of awareness.” Thus, thinking skills that can be taught are only the “conscious manifestations of the neural processes, which are

peripheral expressions of an underlying capacity that remains untouched.” (Spitz, p. 24). Spitz argues that “although learning and thinking may be separate (though interacting) modules, thinking is pre-eminent. That is, the greater the complexity of the to-be-learned-task, the more thinking must be brought to bear upon it” (p. 2).

While some thinking skills can be taught, most of the thinking skills involved in learning new information are spontaneously evoked. Children with ID show more limitations in the spontaneous use of thinking skills that will enable them to learn effectively. The major question posed is “in what ways are the thinking processes of persons with ID deficient?” Research within the rationalist framework, according to Spitz (p. 23), “suggests that it is in the domain of problem solving that the processes associated with intellectual disability are most explicitly revealed.” Thinking skills deficiency—well below mental age expectancy—is demonstrated in deficits in logical reasoning, foresight, planning, mental manipulation of object, and extracting sequential patterns by children with ID (Spitz, 1988).

Both thinking and learning are cognitive processes strongly related to one another. Knapp (1993) reiterates Jones’ argument that “learning is thinking” and the quality of the learning is directly related to the quality of the thinking. As early as 1973, Paris and Haywood appear to support the theory that ID is a “thinking” disorder rather than a “learning” disorder. When the learning situation is structured, information made clear, and appropriate strategies presented with cues of how to apply them, learning occurs and the information is retained.

Difficulty is encountered when the student has to make decisions about how to approach the problem. In order for learning to occur, the student has to make decisions about the nature of the information and the steps needed to process the information. The decision phase of the process involves thinking about the information and deciding whether the information is new or old, whether prior knowledge should be invoked and how this should be applied, if necessary. It is this thinking process that facilitates the subsequent strategy applications that facilitate learning. While much of the evidence suggests strategy-application deficiency, the proceeding thinking process appears to be overlooked when analyzing the essential aspects of learning.

These findings suggest that thinking and learning are intricately related in a sequential manner. As mentioned above, the quality of learning is related to the quality of the thinking involved in the process. While the psychological act of thinking is automatic, learning takes place only when thought processes are intentional and the incoming information has been processed and applied to the immediate situation or stored for later use. When information has been processed over time, automaticity becomes important for retrieval and application of the information. Wehmeyer and Kelchner (1992) state that persons with ID differ from non-disabled individuals in the manner that they represent problems and regarding the flexibility in their use of strategies. Several researchers (Ellis, et al., 1989) have noted that learning is affected by limitations in cognitive processes. Information processing strategies, such as rehearsal and organizational schemes, are not executed as efficiently by persons with ID compared to their non-disabled peers. In order to apply effective strategies to facilitate learning, the learner has to think about the information at hand and make decisions about the strategy or strategies to be applied and then apply them. Thus, the learner is spontaneous about learning. Most of the research evidence presented seems to provide stronger support for ID as a thinking disorder since thinking appears to be a prerequisite for learning as well as a part of the learning process.

Intellectual Disability as a Learning Disorder

Learning can be defined as the constructive process of integrating previously learned and new knowledge and applying it to problem solving. The constructivist view of learning is that the student engages in a process of constructing knowledge. The process involves prior knowledge and the learning situation. The learning process involves a number of sub-processes such as the application of learning strategies and motivation.

There are many theories of learning, each of which will influence the definition of learning postulated by the particular theoretical orientation. Studies show that generalization of learned information has not been effectively and permanently transferred to novel or related situations by learners with ID. Research (Paris and Haywood, 1973) has shown that students with ID do not spontaneously use organizational strategies (rehearsal and clustering) or elaboration of information, as a strategy, to facilitate learning and memory. However, if elaboration is provided along with practice, the information will be learned.

As Paris and Haywood (1973) state, “the failure of children with mental retardation (ID) to generate spontaneously the appropriate processing strategies by which new information can be assimilated leads to poorer comprehension, learning and memory than is true for children who do produce good strategies by dint (power) of their age or experience” (p. 647). Emphasizing a strategy such as “imagery” for encoding and retrieval is also not spontaneously used. The authors, therefore, suggest that ID is due to a “cognitive developmental disorder,” since this approach to cognitive processing can be seen in younger, non-disabled children.

In addition to processing information, the inefficiencies in learning demonstrated by children with ID have also been found in language learning. Paris and Haywood (1973) cite researchers who found that children with ID tend to solve “story arithmetic problems in computational, rote fashion rather than by an active verbal processing of information” (p. 648).

Motivation is seen as an essential element in the “condition of learning” and can be manipulated to assess differences in the efficiency of learning. Paris and Haywood, (1973) describe two types of motivation: task-intrinsic and task-extrinsic. These types of motivation relate to the effort that the learner exerts relative to whether completion of the task itself provides satisfaction, or satisfaction for performing the task is derived from some other factor. The research suggests that children with ID learn more than is expected when optimal learning conditions are provided. They exhibit a heavy reliance on extrinsic motivation.

This discussion of ID as a developmental learning disorder (DLD) suggests a qualitative difference from a learning disability (LD) or a specific learning disability (SLD). This difference would arise from the expectation that children without ID would learn with less direct instruction and would, over time, apply memory and learning strategies spontaneously.

Intellectual Disability as a Social (Competence) Disorder

Siperstein (1992) states that social competence has been defined in terms of the appropriateness of the social behavior in the context of the social setting. According to Siperstein, social competence reflects the intricate relationship between “social knowledge (social cognition) and social action (social behavior)”. Social behavior, like academic behavior, is displayed with relevance to experience, which is related to prior knowledge of social strategies and conventions or social norms. Resnick, (cited by Knapp, 1992), states that “learning depends on previous knowledge as the principal means of constructing new knowledge and also that learning is closely related to the situation or context in which it takes place” (p. 2).

Learning usually takes place in a social setting. Social behavior is mediated by thinking skills. Wehmeyer and Kelchner (1994) suggest that social competence “requires active problem-solving behavior.” Knapp (1992) states that the decision to use skills and knowledge, as well as to possess them, is part of learning. Also, he suggests that the social community plays a crucial role in the development of thinking abilities. This suggests that social cognition is involved in the display of social behavior. Healy and Masterpasqua (1992) include “means-end thinking” as one of the most important social cognitive competencies.

As stated earlier, problem solving is the area where the lack of spontaneous thinking and learning strategies is revealed for individuals with ID. Siperstein (1992) cites research indicating that social incompetence of students with ID was a major factor in drawing the attention of school and community personnel to their disability. Students with ID usually do not demonstrate academic performance that portrays them as self-directed learners. However, as with the learning strategies cited above, social problem-solving strategies are learned and used when instructions are explicit.

Wehmeyer and Kelchner (1994) cite limited social (interpersonal) cognitive problem-solving skills as one of the factors that limit self-determination and quality of life of individuals with intellectual disability. These factors have important implications for defining and assessing intellectual disability so that schools and other service providers can prepare students with ID to develop the capacity for self-determination in adult life.

Determining and Documenting Eligibility

Definition of Intellectual Disability

The Connecticut State Department of Education intends to adopt the following definition of intellectual disability:

“Intellectual disability means significant deficits in conceptual, practical and social intelligence that adversely affect a student’s educational performance and are manifested during the developmental period (birth to age 18).”

Whether an intellectual disability exists depends on whether the student exhibits significant deficits in all three components of “intellectual competence” (i.e. conceptual intelligence, practical intelligence and social intelligence).

Once an intellectual disability has been found, eligibility for special education services depends on whether:

1. the deficits are determined to adversely affect the student’s educational performance, *and*
2. these deficits have manifested during the developmental period.

Definitions of intelligence have traditionally emphasized the ability to adjust or adapt to the environment, ability to learn, and/or the ability to perform abstract thinking (Sattler, 1988). Thus, intelligence is not limited to those skills that are measured by IQ tests. In fact, the general public often considers social competence — or what might be better termed “everyday competence” — to be an important component of intelligence.

Everyday competence has been described as consisting of two sub-components (Greenspan and Driscoll, 1997): practical intelligence and social intelligence.

1. *Practical intelligence* refers to the “ability to think about and understand mechanical, technical, or physical problems found in everyday settings” (i.e., the daily living skills that are typically sampled in adaptive behavior measures).
2. *Social intelligence* refers to “the ability to think about and understand” problems found in relationships with other people.

Adding to these two sub-components the concept of conceptual intelligence — the ability to think about and understand problems found in formal learning settings (the element tapped by IQ measures) — provides us with an overall construct for what has been described as “intellectual competence” (Greenspan and Driscoll, 1997).

This construct recognizes that “intelligence” (i.e., the subset of skills that involves thinking and understanding) is among the most important aspects of human personal competence and is a prerequisite to success in virtually all forms of human endeavor. However, it also recognizes that other aspects of personal competence — such as the ability to deal with everyday life situations and to form meaningful social relationships — contribute to success in attaining goals and solving problems. Thus, the relative absence of such everyday intelligence becomes an important measure of a student’s intellectual disability and helps to counterbalance an excessive reliance on IQ.

We must be mindful that environmental demands (and the skills needed to cope with those demands) vary across contexts and locations, and that cultures may also vary with respect to the expectations of individual competence within the community. Thus, an important consideration in the determination of intellectual disability is the identification of needed supports for the individual to succeed in socially relevant contexts (Greenspan, 1995).

The following sections begin with an explanation of each element of the definition of intellectual disability (conceptual, practical and social), then provide suggested criteria for the determination of eligibility, and end with considerations relevant to the assessment of each component.

Conceptual Intelligence

Definition

Conceptual intelligence — that aspect of intelligence measured by IQ tests — refers to the ability to think about and understand problems found in formal learning settings (Greenspan and Driscoll, 1997). It has been documented through factor-analysis that there is a psychological construct of general intelligence (Sternberg, 1984), and intellectual tasks have been devised to measure this general intellectual construct. Other prominent theorists have classified this ability as “abstract intelligence” (Thorndike, 1920), “academic intelligence” (Sternberg, 1984), or “semantic and symbolic intelligence” (Guilford, 1967). Sattler (1988) has defined intelligence as the ability to do abstract thinking, adjust or adapt to the environment and learn. Conceptual intelligence, as it is defined here, refers to those skills which are assessed through individually administered, standardized, nationally normed measures of intellectual functioning.

Eligibility Criteria

In order to determine that a student is eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA) due to a disability in the area of conceptual intelligence, the Planning and Placement Team (PPT) must find that the student has that disability *and* that the student requires specially designed instruction due to the disability. This deficit needs to be manifested in the individual’s behavior across many different settings and situations. Identification of this deficit should be derived from a variety of information sources, but should include one or more standardized nationally normed measures of intellectual functioning. **A significant deficit is characterized by a full-scale or composite intellectual standard score two or more standard deviations (2 SD) below the mean, with consideration given to the standard error of measurement for the test. However, it is also essential that both the Verbal and the Nonverbal standard scores be considered. A significant deficit should not be identified unless both of these standard scores are at least one and one-half standard deviations below the mean.** In addition, it is expected that there would be some consistency over the areas of functioning if an individual has an intellectual disability. This intellectual quotient must then be related to other characteristics of intelligence, including, but not limited to, the rate of learning taking into account those factors that may be impacted by cultural influences.

Measurement Considerations

There has been much discussion of the limitations of IQ tests (National Research Council, 1996), and the fact that they provide an estimate of a student's level of functioning at one point in time must be taken into account. Therefore, these instruments should be used with other data — such as an analysis of the rate of learning a student demonstrates — before they are accepted as representative of the student's true conceptual intellectual ability. When reporting and interpreting the results of IQ tests, the technical characteristics of the test instrument, the norming sample that was used, the biases of that instrument for certain types of children, and other limitations of the instrument must be considered (Reschly and Grimes, 1995).

In most cases, assessment of a student's conceptual intelligence level should be conducted by using the Full Scale intellectual standard score since it measures a general intellectual delay, as opposed to a more limited delay such as would be evidenced with certain neurological syndromes or learning disabilities (APA, 1998). The measurement would thus assess more than one type of conceptual intellectual functioning, (e.g. spatial, quantitative, and verbal intelligences) as would be obtained from a Wechsler or a Stanford-Binet scale. A valid IQ, however, cannot always be obtained from a full-scale intellectual standard score. This may be due to a significant receptive or expressive communication problem or motor impairment; thus, the individual components will need to be looked at more closely. When a student has a motor, sensory, visual, language or hearing impairment the evaluator needs to recognize that the score may just provide a basal measure rather than an implied ceiling for the intellectual aspects of the task. In these cases, the Full-Scale IQ or composite standard score may be lower than the true intellectual ability level. Thus, both of the student's factor scale scores need to be significantly delayed in order to identify the student as ID. When there is a doubt due to confounding factors—such as motor, sensory, visual, language or hearing impairment—it is recommended that another measure of intellectual functioning be administered to try to measure the untapped components of intelligence. For instance, use could be made of a nonverbal test that measures categorization and analogic reasoning skills for an individual who has an expressive communication impairment.

A person with an intellectual disability will usually display most of their abilities as fairly consistently delayed. Higher abilities are usually evidenced only on tasks that can be learned through much repetitive experience. Routine tasks where a transfer of knowledge is not required can be learned by an individual with an intellectual disability so that they perform

very competently (Sternberg & Spear, 1985). To identify an individual with an intellectual disability, the scatter of abilities that the individual displays needs to be looked at carefully in order to determine if that person's strengths are consistent with a conceptual disability. Any abilities that are not delayed would need to be examined in order to determine if they represent skills that could have been learned, routinized or made automatic with experience and/or practice.

Identification of an intellectual disability requires documentation that the deficits in conceptual intelligence are not the result of emotional concerns, environmental deprivation, limited exposure, communication difficulties or motor, sensory, or health limitations. Factors such as the individual's cultural, social, linguistic, family, and educational background need to be considered before the measure of intellectual functioning is interpreted. The evaluator needs to assess whether the individual's background has given him or her as much exposure to the intellectual construct being measured as an individual in the norming group. One must be reasonably certain that an intellectual tool reliably measures the individual's true intellectual capabilities in order to use it for diagnostic purposes (AAMD, 1992).

A delay in conceptual intelligence should not be determined solely through the use of one intellectual tool. Other measures of intellectual functioning and ability to learn need to be considered also. The individual's abilities to process information, use problem-solving strategies in novel situations, perform executive functions, transfer knowledge, and generalize are important considerations to include. The evaluator should seek out information about the student's functioning in the classroom environment and the way that he/she has adapted to that and other environments to assess whether a delay in conceptual intelligence has been exhibited.

The intellectual standard score should take into account the standard error of measurement when determining whether an individual meets the criteria for having an intellectual disability. **Flexibility in the interpretation of the IQ cutoff scores is recommended. Regardless, all available information, including tests, interview data, parent and teacher reports, behavioral observations, and functional analyses, should be used in order to complete the identification.** Since there needs to be consistency among all of these impressions about an individual, it is doubtful that using a more flexible cutoff score would lead to overidentification (Reiss, 1994).

Practical Intelligence

Definition

Practical Intelligence refers to “the ability to adapt successfully to the real-world environment” and “to exercise at least some significant degree of mastery over this environment” (Sternberg, 1984). Greenspan and Driscoll (1997) consider it “the ability to think about and understand mechanical, technical, or physical problems found in everyday settings.” The American Association on Mental Retardation (AAMR) defined practical intelligence in the *Ninth Edition of Mental Retardation, Definition, Classification, and Systems of Support* as the “ability to maintain and sustain oneself as an independent person in managing the ordinary activities of daily living” (1992). AAMR goes on to say “it includes the capacity to use one’s physical abilities to achieve the greatest degree of personal independence possible.” The manifestations of practical intelligence, thus, may include many of the abilities that have been assessed as adaptive skills:

- self-care skills (eating, dressing, grooming, toileting, hygiene);
- home living skills (housekeeping, clothing care, property maintenance, food preparation, planning and budgeting for shopping, home safety, and daily scheduling); and
- health and safety (maintaining one’s own well being, physical fitness, basic safety).

Eligibility Criteria

In order to determine if a student is eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA) due to a disability in the area of practical intelligence, the Planning and Placement Team (PPT) must find that the student has that disability *and* the student requires specially designed instruction due to the disability.

The individual must be found to have deficits in the majority of domains assessed by one or more standardized adaptive behavior scales (e.g. Vineland, SIB-R). These deficits must be at least one and one-half standard deviations below the mean. This

level is proposed due to the accepted lack of precision of these measurements. Clinical judgment by the examiner is of key importance. The student must have manifested these deficits during the developmental period (through age 18), the deficits must have endured for at least one year, and they must have adversely affected the individual’s educational performance.

Measurement Considerations

An assessment of practical intelligence must be made through both direct assessment procedures (informal and structured observations) and indirect assessment procedures (third-party interviews and rating scales). The skills assessed must be specific skills that the individual has had ample opportunity to develop. The individual must have been exposed to activities where those skills could have been learned in order for a limitation in that skill to be considered significant. Thus, the personal and family history of an individual as well as school experience must be considered in order to identify an intellectual disability.

An assessment must measure skills that are exhibited in a school setting, as well as those exhibited in home and community settings that have an impact on educational progress. A disability in practical intelligence in a school setting without a deficit in a non-school setting would not be sufficient to identify a student as having an ID in the area of practical intelligence.

An assessment of practical intelligence must take into account the student's cultural and linguistic background and must measure the student's skills within the context of his or her community environment. The student should be assessed in comparison to same-age peers from a similar cultural and linguistic background. Thus, the cultural standards and expectations of the student's community need to be considered in order to determine whether he or she is demonstrating a limitation in practical intelligence.

If the student has any sensory, health, or physical limitations, the assessment of practical intelligence must look at skills that are not affected by these limitations in order to determine if an intellectual disability exists. The assessment may need to be modified in order to free it from errors caused by the sensory, health, or physical disability. A limitation in adaptive skills must be assessed carefully to be sure that it is a result of a practical intelligence limitation, rather than the result of the sensory, health, or physical limitation.

Since current adaptive behavior measurement tools do not specifically measure practical intelligence, evaluators need to look critically at the results of adaptive behavior scales in order to determine if they suggest a practical intelligence limitation or are caused by other factors. An assessment of practical intelligence needs to recognize the limitations of behavior rating scales. The informant on an adaptive behavior rating scale may have limited knowledge of the individual's skills across all settings or may have a biased view of the

individual that limits objectivity. In addition, the scales possibly will not provide an adequate comparison group for specific individuals.

When performing an assessment, consideration should be given to identifying the supports and services that a student requires and selecting interventions that promote greater independence across familiar and unfamiliar environments.

Social Intelligence

Definition

Social Intelligence is defined as the individual's ability to understand other people, social events and the process of regulating social events and to relate these to intelligent behavior in the everyday environment (Greenspan, 1981; Sternberg & Spear, 1985). The term Social Intelligence is coterminous with "Interpersonal Intelligence" (Gardner, 1983) and "Contextual Intelligence" (Sternberg). The construct described as Social Intelligence is reflected in many aspects of social competence, including sensitivity, insight and communication. Social intelligence is manifest in such things as the student's ability to understand another person's perspective, recognize another person's motivation and underlying interest in interaction, and solve social problems. Thus, others may describe a student with a deficit in social intelligence as egocentric, gullible, insensitive and/or naïve.

Eligibility Criteria

In order to determine that a student is eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA) due to a disability in the area of social intelligence, the Planning and Placement Team (PPT) must determine that the student has that disability *and* that the student requires specially designed instruction as a result of the disability. A comprehensive assessment of social intelligence should address the student's functioning in the areas of a) Social Sensitivity; b) Social Insight; and c) Social Communication. **The individual must demonstrate deficits in his/her overall social intelligence. Clinical judgment is the key to the interpretation of a deficit in this area.**

Measurement Considerations

Defining social intelligence and measuring it are two different things. Currently, there is no single instrument that can directly measure this construct. However, there are rating scales that assess some of the behaviors associated with social intelligence. In order to get a comprehensive picture of the student's functioning in the domain of social intelligence, information about the student should be elicited from a number of informants, with various forms of assessment (e.g., structured interviews, observations, rating scales) and across multiple interactive contexts. A team approach should be used to capture a more

comprehensive assessment. The assessment team should include the teacher(s), parent(s) or guardian(s), school psychologist and speech and language pathologist. Other personnel may include the guidance counselor, school social worker, occupational and/or physical therapist, medical personnel and other school related personnel as necessary. The assessment must review whether the disability occurs in all settings and significantly affects all areas of a child's life, whether the disability is manifested during the developmental period, and whether the disability adversely affects the individual's educational performance.

Although there is no single instrument readily available as a standardized assessment of social intelligence, there are various instruments available that measure behaviors associated with social skills. Demaray et al. (1995) presents a very good comparative evaluation of rating scales for the assessment of social intelligence. Technical tables from this article can be found in the appendix.

One such measure is the *Social Skills Rating System (SSRS)* (Gresham & Elliott, 1990). This instrument uses a multi-rater approach to identify social behaviors that can affect relationships (peer and teacher-student), peer acceptance, and academic performance. Gresham and Elliot (1984) describe social skills as “socially acceptable learned behaviors that enable a person to interact effectively with others and avoid socially unacceptable responses.” Knowledgeable informants are used to capture an overall picture of how the child is perceived by teachers and parents, and a self-rating form is available for children in grades 3-12 (when a child has the ability to comprehend the questions). The SSRS samples behaviors in three domains: social skills, problem behaviors, and academic performance. The social skills domain includes five subscales rated on a frequency rating (how often a behavior occurs) and an “importance rating” (how important each behavior is for classroom success).

The Social Skills subscales include:

- (a) cooperation (helping others, sharing, complying with rules and directions);
- (b) assertion (initiating behaviors including asking for information, appropriate responses to actions of others);
- (c) responsibility (communication skills and regard for property or work);
- (d) empathy (measured only by self-rating); and
- (e) self-control (taking turns, compromising, responses to conflict and teasing).

The Problem Behaviors domain samples behaviors that may interfere with the performance of social skills, such as externalizing and internalizing behaviors (verbal or physical aggression, temper, arguing and anxiety, sadness, loneliness, and poor self-esteem). Hyperactivity is measured at the early developmental level (Pre-K through Grade 6). The Academic Competence domain samples motivation, parental support, performance in reading and mathematics, and general cognitive functioning.

Other assessment tools include the *School Social Behavior Scales* (Merrell, 1993). This is a 65-item norm-referenced rating scale designed specifically for school-based use. Ratings for students (Grades K-12) are obtained from teachers or other school personnel. Two major scales make up this instrument: social competence and antisocial behavior. The SSBS was developed as:

- (a) a screening tool for identifying students who are behaviorally at-risk;
- (b) part of a multi-method, multi-source assessment battery for determining program eligibility and designing appropriate intervention programs; and
- (c) a research instrument for studying social competence and antisocial behavior.

Completion of the SSBS is easy and can be done by most teachers in five to ten minutes.

Another instrument is the *Waksman Social Skills Rating Scale* (Waksman, 1985). This is a brief, 21-item norm-referenced scale designed for ratings by teachers and students in grades K-12. One major scale (social skills) and two subscales (aggressive and passive) comprise the measure. Separate forms exist for male and female students. The author suggests that the scale has several uses that include screening, identification and classification, selecting students for social skills training or counseling programs and program evaluation.

Other scales include the *Walker-McConnell Scale of Social Competence and School Adjustment* (WMS), (Walker & McConnell, 1988), the *School Social Scales Rating Scale* (SS3), (Brown et al., 1984) and *Social Behavior Assessment Inventory* (SBAI), (Stephens & Arnold, 1992).

Since the evaluation of social skills is relatively new, the evaluator should have a thorough knowledge of both the reliability and validity of these instruments before using them. It is not the intention of the State Department of Education to endorse any particular instrument, but rather to raise professional questions as to their appropriate use for the purpose of identification.

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TABLE 1
Selected Characteristics of Reviewed Social Behavior Rating Scales

Test Name	Items	Grade Level and Normative Sample	Forms	Interpretive Profile	Response Format
SSBS (Merrell, 1993)	65	Grades K to 12 Normative sample (n= 1858): Regular education (88%) Special education (12%) Race/ethnicity (approx.): White 87% Black 8% Hispanic 3% Other 2% Male (55%) Female (45%)	1 Form	2 Major scales: Social competence Antisocial behavior 3 social competence subscales: Interpersonal skills Self-management Academic skills 3 antisocial behavior subscales: Hostile-irritable Antisocial-aggressive Disruptive-demanding	5-point Likert-type scale based on frequency of behavior.
SSRS-T (Gresham & Elliott, 1990)	57	Grades Pre-K to 12 Normative sample (n = 4,170): Regular education (83%) Special education (17%) Race/ethnicity (approx.): White 73% Black 18% Hispanic 6% Other 3% Male (51%) Female (49%)	3 forms per age/ grade	3 major scales: Social skills Problem behaviors Academic competence 3 social skills subscales: Cooperation Assertion Self-control 3 problem behavior subscales: Externalizing Internalizing Hyperactivity	Social skills: 3-pt. Likert-type scale based on frequency and importance of behavior. Problem behaviors: 3-pt. Likert-type scale based on frequency of behavior. Academic competence: 5-py. Likert- type scale based on percentage clusters.

TABLE 1 (continued)

Selected Characteristics of Reviewed Social Behavior Rating Scales

Test Name	Items	Grade Level and Normative Sample	Forms	Interpretive Profile	Response Format
SSBS (Gresham & Elliott, 1990)	52	Same as SSRS-T	3 forms per age/grade	2 major scales: Social skills Problem behaviors (PB) 4 social skills subscales: Cooperation Assertion Self-control Responsibility 3 PB subscales: (same as SSRS-T)	Same as SSRS-T social skills and problem behavior scales.
SSRS-S (Gresham & Elliott, 1990)	39	Same as SSRS-T	2 forms per age/grade	1 major scale: Social skills 4 social skills subscales: Cooperation Self-control Empathy Assertion	Same as SSRS-T social skills scale. Importance ratings are obtained only on the secondary form (grades 7-12)
WSSRS (Waksman 1985)	21	Grades K to 12 Normative sample (n = 331): Regular education (100%) Special education (0%) Race/ethnicity: No information provided	2 forms male/female	1 major scale: Social skills 2 subscales: Aggressive domain Passive domain	4-point Likert-type scale based on frequency of behavior.

TABLE 1 (continued)

Selected Characteristics of Reviewed Social Behavior Rating Scales

Test Name	Items	Grade Level and Normative Sample	Forms	Interpretive Profile	Response Format
WMS (Walker & McConnell, 1988)	43	Grades K to 6 Normative sample (n = 1,812): Regular education (100%) Special education (0%) Race/ethnicity (approx.): White 80% Black 11 % Hispanic 1% Other 8% Male (51%) Female (49%)	1 form	1 major scales: Social competence 3 subscales: Teacher-preferred social behavior Peer-preferred social behavior School adjustment	5-point Likert-type scale based on frequency of behavior.
S ³ (Brown, Black & Downs, 1984)	40	Grades K to 6 Normative sample (n = 1,812): Regular education (100%) Special education (0%) Race/ethnicity (approx.): White 80% Black 11% Hispanic 1% Other 8% Male (51%) Female (49%)	1 form	4 major scales: Adult relations Peer relations School rules Classroom behaviors	6-point Likert-type scale based on frequency of behavior.
SBAI (Stephens & Arnold, 1992)	135	Grades K to 9	1 form	4 major scales: Environmental behaviors Interpersonal behavior Self-related behavior Task-related behavior 30 subscales	4-point Likert-type scale based on frequency of behavior.

TABLE 2
Reliability Information for Commonly Used Social Behavior Rating Scales

Test Name	Internal Consistency	Test-Retest	Interrater
School Social Behavior Scales (SSBS; Merrell, 1993)	.94-.96 ^a .91-.96 ^b	.72-.82 ^a above(3wks.) .60-.73 ^b (3 wks.)	.72-.83 ^a .53-.71 ^b
Social Skills Rating Scales (SSRS; Gresham & Elliott, 1990)			
• SSRS-Teacher	.93-.94 ^c .82-.88 ^d	.85 ^c .84 ^d .93 ^e (4wks.)	.32 (teacher-student) ^c
• SSRS-Parent	.87-.90 ^c .73-.87 ^d	.87 ^c .65 ^d (4wks.)	.31 (parent-teacher) ^c
• SSRS-Student	.83 ^c	.68 ^c (4 wks.)	.24 (parent-student) ^c
Waksman Social Skills Rating Scale (WSSRS; Waksman, 1985)	.92	.73 ^f .64 ^g (4wks.)	.57-.72 ^f -.09-.80 ^g
Walker-McConnell Scale of Social Competence and School Adjustment (WMS; Walker & McConnell, 1988)	>.90	.61-.97 (2wks.-6 mos.)	.53-.77
School Social Skills Rating Scale (S3; Brown, Black, & Downs, 1984)	—	.81-.93 ^h (10-21 days)	.70-.78 ^h
Social Behavior Assessment Inventory (SBAI; Stephens & Arnold, 1992)	.90-.94	—	.91- .99 ^h (9 of 30 subscales)

^a SSBS – Social Competence Scale

^b SSBS – Antisocial Behavior Scale

^c SSRS- Social Skills Scale

^d SSRS- Problem Behavior Scale

^e SSRS- Academic Competence Scale

^f Aggressive Domain subscale (no information provided for total score)

^g Passive Domain subscale (no information provided for total score)

^h Agreement percentages = agreements / (agreements + disagreements)

**Data unless noted are based on total scores.

TABLE 3
Validity Information for Commonly Used Social Behavior Ratings Scales

Test Name	Content	Criterion Related	Construct
SSBS (Merrell, 1993)	Careful selection and review of behavioral descriptors by experts.	<i>Waksman Social Skills Rating Scale</i> (Waksman, 1985): <ul style="list-style-type: none"> • Social competence $r = .78$ • Antisocial behavior $r = .87$ 	Significant differentiation between students with and without learning/emotional disabilities.
	Strong item-total correlations	<i>Conners Teacher Rating Scales</i> (Conners, 1990): <ul style="list-style-type: none"> • Social Competence $r = .61$ to $-.87$ • Antisocial behavior $r = .37$ to $.91$ 	Significant differentiation between students who were gifted and those considered to be functioning at an average level.
		<i>Walker-McConnell Scale of Social Competence</i> (McConnell, 1988) <ul style="list-style-type: none"> • Social competence $r = .94$ • Antisocial behavior $r = .70$ 	
SSRS-T (Gresham & Elliott, 1990)	Careful selection and review of behavioral descriptors by experts.	<i>Social Behavior Assessment</i> (Stephens, 1981,): <ul style="list-style-type: none"> • Social skills $r = .68$ • Problem behaviors $r = .55$ • Academic competence $r = .67$ 	Little indication of developmental change across the social skills sub-scales.
	Use of importance ratings demonstrates social validity.	<i>Child Behavior Checklist-TRF</i> (Achenbach & Edbrock, 1983) <ul style="list-style-type: none"> • Social skills $r = .64$ • Problem behaviors $r = .81$ • Academic competence $r = .59$ 	Large sex differences: females exhibiting more social skill behaviors, males exhibiting more problem behaviors.
	Strong item-total correlations	<i>Harter Teacher Rating Scale</i> (Harter, 1985): <ul style="list-style-type: none"> • Social skills $r = .70$ • Problem behaviors $r = .66$ • Academic competence $r = .63$ See information provided under WMS	Significant differentiation between students with and without learning disabilities and other disabilities.

TABLE 3 (continued)
Validity Information for Commonly Used Social Behavior Ratings Scales

Test Name	Content	Criterion Related	Construct
SSRS-P (Gresham & Elliott, 1990)	Same as SSRS-	<i>Child Behavior Checklist-PRF</i> (Achenbach & Edelbrock, 1983): <ul style="list-style-type: none"> • Social skills (SSRS) with social • competence (CBCL) $r = .58$ • problem behaviors (CBCL) $r = .70$ 	Same as SSRS-T.
SSRS-S (Gresham & Elliott, 1990)	Same as SSRS-T with the exception of the use of importance ratings being used only on the high school form.	<i>Child Behavior Checklist-YSR</i> (Achenbach & Edelbrock, 1983): <ul style="list-style-type: none"> • Social competence (CBCL) with social skills $r = .23$ • Social competence (CBCL) with problem behaviors $r = .33$ <i>Piers-Harris Children's Self-Concept Scale</i> (Piers, 1984): <ul style="list-style-type: none"> • Social skills $r = .30$ 	Same as SSRS-T.
WSSRS (Waksman, 1985)	Careful selection and review of behavioral descriptors by judges.	<i>Portland Problem Behavior Checklist-Revised</i> (Waksman, 1980) $r = .65$ See information provided for SSBS.	Significant differentiation between students with and without emotional disabilities. Sex differences: higher aggression domain scores for males and higher passive domain scores for girls.

TABLE 3 (continued)
Validity Information for Commonly Used Social Behavior Ratings Scales

Test Name	Content	Criterion Related	Construct
WMS (Walker & McConnell, 1998)	Careful selection and review of behavioral descriptors by experts.	<i>Social Skills Rating System-Teacher (Gresham & Elliott, 1990): r = .75</i> <i>Humphrey Children's Self-Control Scale (Humphrey, 1982): r = .073</i> <i>Systematic Screening for Behavior Disorders (Walker & Severson, 1992): Adaptive classroom behavior scale r = .79</i> <i>Walker Problem Behavior Identification Checklist (Walker, 1983): teacher ratings r = .88</i> <i>Teacher's Self Control Rating Scale (Humphrey, 1982): r = .75a</i> See information provided for SSBS	Significant differentiation between students at-risk for antisocial behavior and nonidentified students. Significant differentiation between non-retained and retained students. Significant differentiation between students with and without disabilities.
S 3 (Brown, Black & Downs, 1984)	Careful selection and review of behavioral descriptors by experts.	No data are supplied to support the criterion-related validity of this instrument.	No information provided on construct validity. Lack of norming procedures prevents classification decisions.
SBAI (Stephens & Arnold, 1992)	Careful selection and review of behavioral descriptors by experts.	Frequency of on-task behavior determined through behavioral observations: r = .46 See information provided for SSRS-T	Significant differentiation between students with and without emotional or learning disabilities. Lack of norming procedures prevents classification decisions.

Note: All information is from the respective manual unless otherwise noted.

Information is from Merrell, 1989.

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